

Bullying and Suicide

Bullying is a serious problem with serious consequences. In the United States, each day, about 160,000 students stay home from school for fear of being bullied (Vail, 1999). Bullying can seriously affect the emotional, physical, and academic well being of students. At the school and community level, it can contribute to a negative and unsafe atmosphere.

While a number of studies have found that bullying is associated with increases in suicide risk and other problems associated with suicide in victims of bullying, implying that a bullying is the solitary cause of a specific suicide is inaccurate and unsafe, potentially contributing to suicide contagion.

The following guidelines (adapted from the 2011 “Talking about Suicide & LGBT Populations” guide which can be accessed at lgbtmap.org/talking-about-suicide) will help you talk about suicide **safely** and **accurately**.

1

DO emphasize individual and collective responsibility for supporting the well-being of students.

7

DON'T normalize suicide by presenting it as the logical consequence of bullying, discrimination, etc.

2

DO encourage help-seeking by those bullied or contemplating suicide; emphasize available resources.

8

DON'T idealize suicide victims or create an aura of celebrity around them.

3

DO emphasize the vital importance of family support and acceptance for students' well-being.

9

DON'T use terms like “bullycide”, which are ambiguous and can elevate contagion.

4

DON'T include details of a suicide death in titles or headlines - this can lead to contagion risk.

10

DON'T talk about suicide epidemics - this may lead some to see themselves as part of a larger story.

5

DON'T describe the method used in a suicide death - this can be a factor in contagion risk as well.

11

DON'T use words like “successful”, “failed” or “committed” - instead, use “attempted” or “suicide death”.

6

DON'T attribute a suicide death to experiences that occurred shortly before the person died.

12

DON'T say that a specific policy (or its absence) will in and of itself prevent suicide.



SOCIAL MEDIA RECOMMENDATIONS



In an age of increasing connectedness, social media can serve as an important tool. However, the nature, reach and speed of these platforms can elevate contagion risks associated with unsafe media discussions about suicide. The brevity that is characteristic of these forums can make it difficult to communicate complexity and nuance, and as a result, social media can present unique risks and challenges when talking about suicide.. Keep in mind the following recommendations:

Don't announce news of suicide deaths.

Don't give details of a suicide death (e.g., method) or the ages/personal details of the victim.

Don't re-post problematic mainstream media headlines.

Don't talk about suicide "epidemics".

Overall, be mindful of spreading misinformation or increasing contagion risk.

LGBT YOUTH

Research shows LGBT youth report higher rates of anti-LGBT bullying than straight youth. Also, many who are targets of anti-LGBT harassment are not LGBT, but targeted because of perceived sexual orientation.

In U.S. surveys, LGBT adolescents and adults have two to six times higher rates of reported suicide attempts compared to comparable straight people.

Two key suicide risk factors for LGBT people are individual-level factors like depression and experiences of stigma and discrimination, including anti-LGBT hostility, harassment, bullying, and family rejection. There is growing evidence that the two factors are linked.

Research indicates persistent bullying can lead to or worsen feelings of isolation, rejection, exclusion and despair, as well as to depression and anxiety, which can contribute to suicidal behavior.

HOWEVER, the underlying causes of most suicide deaths are complex and not always obvious.

MOREOVER, most people who experience bullying do not become suicidal. Suggesting suicide is a natural response to bullying can elevate contagion risk directly and indirectly (via the media). It can normalize suicide as at-risk individuals identify with the victim or the victim's life circumstances, which may increase risk of suicidal behavior.

Whenever possible, focus discussion and action on the need to systematically prevent and address bullying and suicide, and ensure you are doing so in ways that don't increase suicide contagion risk.

Avoid taking shortcuts ("bullying causes suicide", "bullycide"). Instead, connect the need for bullying and suicide prevention back to the responsibility of laws and society, institutions (like schools), and individuals.

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